

# NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 06/04/2018

Department of Health and Human Services  
Centers for Medicare & Medicaid Services

FOR CERTIFYING OFFICIAL: Beth Killoran  
FOR CLEARANCE OFFICER: Debbie Kramer

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received  
04/18/2018

ACTION REQUESTED: Revision of a currently approved collection  
TYPE OF REVIEW REQUESTED: Regular  
ICR REFERENCE NUMBER: 201804-0938-010  
AGENCY ICR TRACKING NUMBER: CMS-10448  
TITLE: Essential Health Benefits Benchmark Plans (CMS-10448)  
LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without change

OMB CONTROL NUMBER: 0938-1174

The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 06/30/2021

DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	226	165	0
New	580	561	0
Difference			
Change due to New Statute	15	402	0
Change due to Agency Discretion	-51	-77	0
Change due to Agency Adjustment	390	71	0
Change due to PRA Violation	0	0	0

TERMS OF CLEARANCE:

OMB Authorizing Official: Dominic J. Mancini  
Deputy and Acting Administrator,  
Office Of Information And Regulatory Affairs

List of ICs			
IC Title	Form No.	Form Name	CFR Citation
EHB Dental Plan Issuers			45 CFR 156.120
EHB Reporting	CMS-10488, CMS-10448, CMS-10448, CMS-10448	EHB Confirmation Template, EHB Benchmark Plan Certification, Summary of Benefits Template, Benchmark Plans Prescription Template	42 CFR 156.111(e)(1)
EHB Substitution	CMS-10488	Substitution Notification	45 CFR 156.115